Name in Full — Certificate of Death

Martha Anderson

Died at (Town) Fruitland (County) Wicomico — MARYLAND

Date 1900 (Month) Jan. (Day) 9 — Age (Y.) 74 (M.) (D.) — Native of Wicomico — Occupation Housewife

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widow ~~Widowed~~ — ~~Divorced~~ — Number of children living

~~Husband~~ ~~Wife~~ of Billie Anderson

Father's Name —

Mother's Name —

Cause of Death — Primary: Cerebral Hemorrhage — How long sick: 7 weeks

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by Louis W. Ewen M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Sarah Bell Bounds

Died at Town: Allen County: Wicomico MARYLAND

Date 1900 Month: 1 Day: 24 ☆ Age Y. 33 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 1

~~Husband~~ Wife of George H. Bounds

Father's Name Thomas Cox Mother's Name Ellen Cox

Cause of Death — Primary: Brain Tumor — How long sick: 2 mos

Immediate — Accident, Suicide, Homicide

Reported by E. A. Dennis

Address Parkyland Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PB

Name In Full

J. Clayton Chatham

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1900 Month: January Day: 15 | Age Y. 19 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 0

Husband / Wife of Single

Father's Name Josephus Chatham | Mother's Name Mezick

Cause of Death — Primary: La Grippe — How long sick: 1 week

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by P. M. Dennis M. D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Josephus Chatham

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1905 Month: January Day: 18 | Age Y. 57 M. D. | Native of md | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 10

Husband ~~Wife~~ of Mrs. Chatham

Father's Name John D. Chatham | Mother's Name Lowery

Cause of Death: Primary La Grippe | How long sick 1 week

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by F. M. Plemons M. D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs. Lucy Covington

Died at Town: Bivalve County: Wicomico MARYLAND

Date 19 Month: Oct Day: 1 | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Otesley Covington

Father's Name Henry Lefay Robertson Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full — Certificate of Death

Martha Gordy

Died at Town Salisbury County Wicomico MARYLAND

Date 1900 Month Jany Day 11 | Age Y. 67 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of Elijah M. Gordy

Father's Name Benjamin Sheppard | Mother's Name Sarah Kennard

Cause of Death — Primary: Bright's Disease — How long sick: 1 year

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by F. M. Clemons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name In Full

Certificate of Death

Benjamin G. Hearn

Town

Died at Near Salisbury County Wicomico MARYLAND

Date 1900 Month Jany Day 15th Age Y. 86 M. D. Native of Md Occupation Farmer

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

~~Husband~~ ~~Wife~~ of

Father's Name Dont Know Mother's Name Dont Know

Cause of Death: Primary Senility 24 How long sick for months

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by F. M. Downes M D

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70498

Name in Full John Clarence Killam

Certificate of Death

Died at Town: Delmar County: Wicomico MARYLAND

Date 189 1900 Month: 1 Day: 31

Age Y. 4 M. D.

Native of Md.

Occupation none

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

Divorced

Number of children living

~~Husband~~ of ~~Wife~~

Father's Name John C. Killam

Mother's Name Ina M. Killam

Cause of Death: Primary Typhoid fever

How long sick four weeks.

Immediate

Accident, Suicide, Homicide

Reported by H. L. Garrett Undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Brayshaw

of Delmar

Seen by Coroner

of

Information contained in this certificate received from H. S. Magee, Undertaker

of Delmar, Del.

Name In Full Josephine Knowles

Certificate of Death

Died at Town Shartstown County Dorchester MARYLAND

Date ~~1907~~ 1907 Month 1 Day 24 | Y. 5 M. D. 6 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of
Wife

Father's Name Cannon Knowles

Mother's Name

Cause of Death — Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Salisbury Advertiser 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name In Full

Zuophine Perry

Certificate of Death

Died in Town Salisbury County Wicomico MARYLAND

Date Month Jany Day 12 | Age Y. 72 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living None

~~Husband~~ Wife of George D. Perry

Father's Name Mr. Kennedy | Mother's Name Don't Know

Cause of Death: Primary — Heart Trouble — ~~How long sick~~ Sudden

Immediate — Oedema of Lungs — ~~Accident, Suicide, Homicide~~

Reported by Dr. M. Dennis

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P68

Name in Full James Peters — Certificate of Death

Died at Town Allen County Wicomico — MARYLAND

Date 1900 Month 1 Day 26 | Age Y. 45 M. D. | Native of | Occupation Labor

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living 4

Husband of / ~~Wife~~ Tilly Peters

Father's Name J. Littmon — Mother's Name Mary Peters

Cause of Death — Primary / Immediate: Consumption — How long sick 2 years — Accident, Suicide, Homicide

Reported by E. L. Benson

Address Rhoyland Md — Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

John Richard Pollitt

Certificate of Death

Died at Town. Near Parkland County Fremont MARYLAND

Date Died	Month	Day	Age	Native of	Occupation
1920	1	25	Y. 65 M. D.	Fremont	Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 1

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Exposure

Immediate: Acute suffocation

How long sick: 3 days

~~Accident, Suicide, Homicide~~

Reported by Mrs Rich

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full — Certificate of Death

Mrs. Jane Robinson

Died at Town: Sharptown — County: Wicomico — MARYLAND

Date 1907 Month: 1 Day: 18	Y. M. D. Age 46	Native of	Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Alexander M. Robinson

Father's Name

Mother's Name

Cause of Death		How long sick
	Primary 161	
	Immediate	Accident, Suicide, Homicide

Reported by Salisbury Advertiser 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

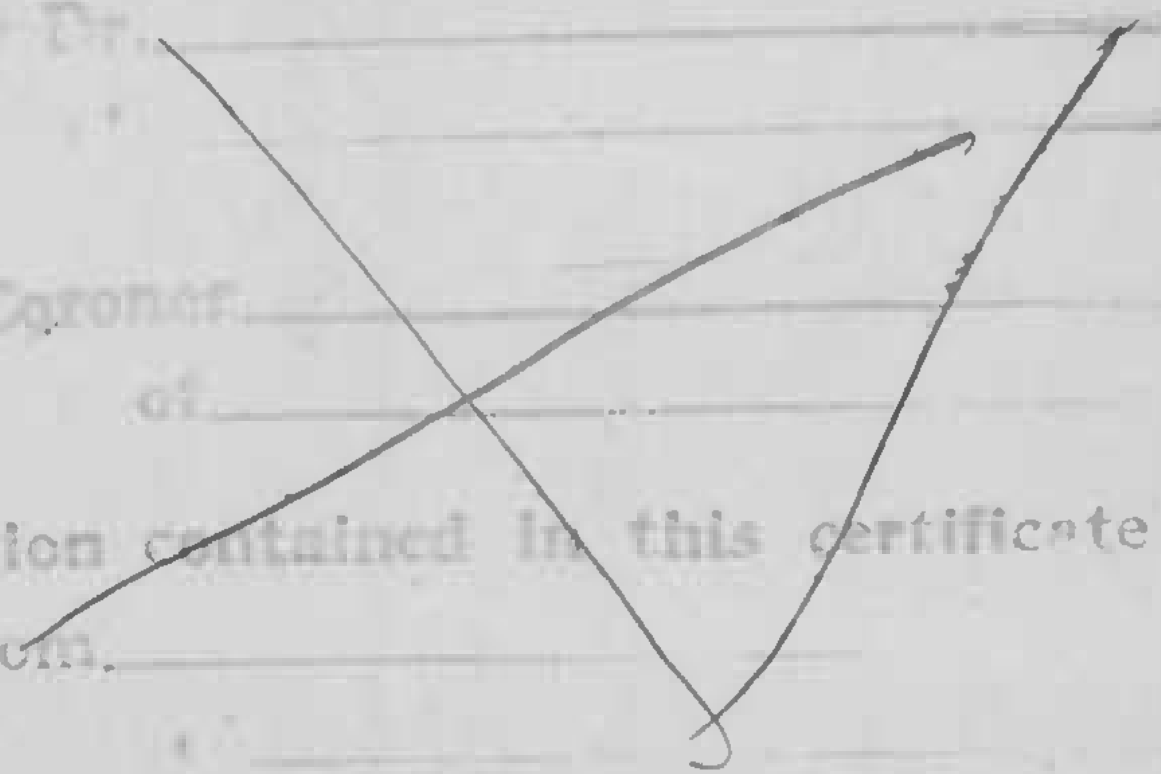
LIBRARY BUREAU. 79818

Attended by Dr.

Seen by Coroner

of

Information contained in this certificate received from.



Name in Full Merrill Shockley — Certificate of Death

Died at Town: Near Salisbury — County: Wicomico — MARYLAND

Date 1900 — Month: Jan — Day: 30 — Age: Y. 23 M. 1 D. 19 — Native of: Maryland — Occupation: Laborer

Male — White — Single — Number of children living: None

Not Married

Father's Name: Henry Shockley — Mother's Name: Tabba Shockley

Cause of Death — Primary: Pleuro Pneumonia — How long sick: 14 days

Immediate: Relapsed into Typhoid Fever

Reported by: Dr. Geo. H. Truitt

Address: Parsonsburg Wicomico Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full T. E. Simpson — Certificate of Death

Town: Delmar — County: Wicomico — MARYLAND

Died at

Date 189 1903 — Month 1 — Day 27 — Age Y. 3 M. D. — Native of Va. Md. — Occupation none

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name Ira Simpson — Mother's Name Mary F. Simpson

Cause of Death — Primary: Brain fever — How long sick: 1 week

Immediate — Accident, Suicide, Homicide

OVER

Reported by H. S. Marvil. Undertaker

OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Attended by Dr. R. Ellegood

of Delmar

Seen by Coroner

of

Information contained in this certificate received from H. S. Mann, Undertaker

of Delmar Del

Name in Full — Certificate of Death

Mr. Horace Truitt

Died at Quantico (Town) Wicomico (County) MARYLAND

Date 1905 Month 1 Day 22 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name — Mother's Name

Cause of Death: Primary — Consumption. 22a — How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by Salisbury Advertiser 1-27 OVER

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

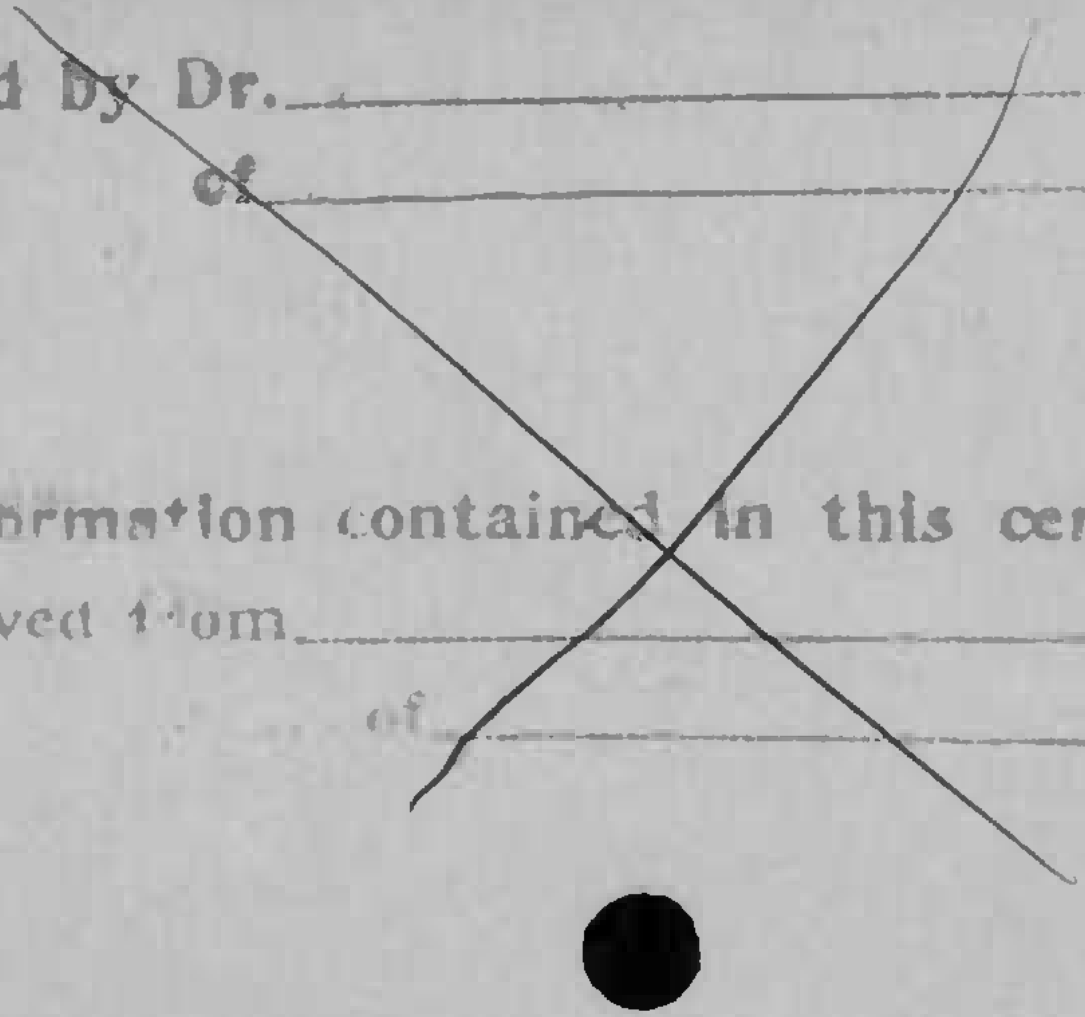
LIBRARY BUREAU, B5968

Attended By Dr. _____

of _____

Information contained in this certificate received from _____

of _____



Name In Full

Certificate of Death

Lulu White

Died at Town: Petitquin County: Accomac MARYLAND

Date 19 or Month: 11 Day: 21 | Age Y. 20 M. D. | Native of | Occupation

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Maiden Name 22a

Cause of Death: Primary: Consumption

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Accomac News 1-26-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Aurelia Wilson

Died at Town Mardela Springs County Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	13	65				

Date 19 05

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name Levin M. Wilson

Mother's Maiden Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Wicomico News 1-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70609